IN THE UNITED STATES DIST MIDDLE DISTRICT OF NORTHERN	RICT COURT EQRET	♥ED
Northern	DIVISION APR 26	A II: 52

Elaine M. Coley .)	DEBRA P. HACKET I, CLN U.S. DISTRICT COURT MIDDLE DISTRICT ALA		
Plaintiff(s))	2:06CV 378-WKW		
Alabama Medicaid	•		
Defendant(s)			

MOTION TO PROCEED IN FORMA PAUPERIS

Plaintiff(s) Elaine M. Coley

moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached sworn affidavit in support of the motion.

Plaintiff(s) signature

AO 240 (Rev. 10/03) UNITED STATES DISTRICT COURT District of APPLICATION TO PROCEED WITHOUT PREPAYMENT OF Plaintiff FEES AND AFFIDAVIT V. CASE NUMBER: Defendant declare that I am the (check appropriate box) ☐ other in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion. In support of this application, I answer the following questions under penalty of perjury: (If "No," go to Part 2) Are you currently incarcerated? ☐ Yes 1. If "Yes," state the place of your incarceration Are you employed at the institution? _____ Do you receive any payment from the institution? _____ Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. ΠNo Are you currently employed? 2. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. In the past 12 twelve months have you received any money from any of the following sources? No No Business, profession or other self-employment ☐ Yes No K Rent payments, interest or dividends ☐ Yes b. Pensions, annuities or life insurance payments ₩ No ☐ Yes c. No No Disability or workers compensation payments ☐ Yes 🗹 No ☐ Yes Gifts or inheritances e. 🗓 No ☐ Yes Any other sources f.

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

□ No

4. Do yo	have any cash of checking	ng or savings accounts?	X Yes	
		1		

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?
☐ Yes ☐ No

If "Yes," describe the property and state its value.

House - 83, 000

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NIA

I declare under penalty of perjury that the above information is true and correct.

14-26-06 Claine
Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.